| FIII | in this information to identify your o | case: | | | |
|--------|---|-----------------------------|---|---------------|--------------------------|
| Del | tor 1 Colleen M Bartlett | Middle Name | Last Name | | |
| Del | otor 2 | Wildale Hame | Eddition | | |
| (Spc | use if, filing) First Name | Middle Name | Last Name | | |
| Uni | ed States Bankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | |
| Cas | e number 8-19-76515 | | | | |
| (if kr | own) | | | _ | k if this is an |
| | | | | amen | ided filing |
| | | | | | |
| | ficial Form 106Sum | | | | |
| | | | d Certain Statistical Information | | 12/15 |
| | | | are filing together, both are equally responsible e information on this form. If you are filing amer | | |
| you | original forms, you must fill out a r | new Summary and check | the box at the top of this page. | | • |
| Par | 11: Summarize Your Assets | | | | |
| | | | | Your a | ıssets |
| | | | | Value | of what you own |
| 1. | Schedule A/B: Property (Official Fo | orm 106A/B) | | c | 467,923.00 |
| | 1a. Copy line 55, Total real estate, fr | om Schedule A/B | | \$ | 407,923.00 |
| | 1b. Copy line 62, Total personal prop | perty, from Schedule A/B | | \$ | 7,785.03 |
| | 1c. Copy line 63, Total of all property | on Schedule A/B | | \$ | 475,708.03 |
| Par | 2: Summarize Your Liabilities | | | | |
| ı aı | Odminarize Four Elabinities | | | | |
| | | | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Cla | aims Socured by Proporty | (Official Form 106D) | | • |
| ۷. | | | the bottom of the last page of Part 1 of Schedule D. | \$ | 510,000.00 |
| 3. | Schedule E/F: Creditors Who Have U | Unsecured Claims (Officia | Form 106E/F) | | 4 000 00 |
| | 3a. Copy the total claims from Part 1 | I (priority unsecured claim | s) from line 6e of Schedule E/F | . \$ | 4,000.00 |
| | 3b. Copy the total claims from Part 2 | 2 (nonpriority unsecured cl | aims) from line 6j of Schedule E/F | \$ | 28,857.00 |
| | | | | | |
| | | | Your total liabilitie | es \$ | 542,857.00 |
| | | | | | |
| Par | 3: Summarize Your Income and | Expenses | | | |
| 4. | Schedule I: Your Income (Official For | | I | \$ | 6,486.00 |
| _ | | | | · <u></u> | |
| 5. | Schedule J: Your Expenses (Official Copy your monthly expenses from lir | | | \$ | 1,953.11 |
| Par | 4: Answer These Questions for | Administrative and Stati | stical Records | | |
| 6. | Are you filing for bankruptcy unde | er Chapters 7, 11, or 13? | | | |
| ٠. | | • | neck this box and submit this form to the court with | your other sc | hedules. |
| | Yes | | | | |
| 7. | What kind of debt do you have? | | | | |
| | - | | | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Summary of Your Assets and Liabilities and Certain Statistical Information Official Form 106Sum

page 1 of 2

Debtor 1 Colleen M Bartlett

Case number (if known) 8-19-76515

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,500.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total | claim |
|--|-------|-----------|
| From Fart 4 on Schedule E/F, copy the following. | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 22,676.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 22,676.00 |

| and this filing: | | | |
|---|---|--|--|
| | | | |
| Middle Name Last Name | | | |
| Middle Name Last Name | | | |
| ERN DISTRICT OF NEW YORK | | | |
| | | ☐ Check if this is an amended filing | |
| y | | 12/15 | |
| rate sheet to this form. On the top of any additional pages, or Other Real Estate You Own or Have an Interest In | | | |
| What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any secure | laims or exemptions. Put ed claims on Schedule D: ims Secured by Property. | |
| | Current value of the entire property? \$467,923.00 | Current value of the portion you own? | |
| ☐ Timeshare ☐ Other Who has an interest in the property? Check one | | be the nature of your ownership interest as fee simple, tenancy by the entireties, o state), if known. | |
| Debtor 1 only | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is con | | |
| i, soa | Middle Name TERN DISTRICT OF NEW YORK S. List an asset only once. If an asset fits in more than one possible. If two married people are filing together, both are arate sheet to this form. On the top of any additional pages, I, or Other Real Estate You Own or Have an Interest In lest in any residence, building, land, or similar property? What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only | Middle Name Last Name TERN DISTRICT OF NEW YORK S. List an asset only once. If an asset fits in more than one category, list the asset in possible. If two married people are filing together, both are equally responsible for sarate sheet to this form. On the top of any additional pages, write your name and cast of the control of the property? Check all that apply Single-family home | |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Deb | tor 1 Co | lleen M Bartlett | | Case number (if known) | 8-19-76515 |
|-------------|--|--|---|-----------------------------------|--|
| 3. C | ars, vans, tr | ucks, tractors, sport utility | vehicles, motorcycles | | |
| | No | | | | |
| | Yes | | | | |
| | | | | | |
| 3.1 | | | Who has an interest in the property? Check one | the amount of any | cured claims or exemptions. Put secured claims on Schedule D: |
| | _ | Town & Country | Debtor 1 only | Creditors Who Ha | ve Claims Secured by Property. |
| | Year: Approxima | 2003 te mileage: 157,000 | ☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ | Current value of entire property? | the Current value of the portion you own? |
| | Other infor | | ☐ At least one of the debtors and another | onthe property. | portion you own. |
| | Fair Con | dition | <u> </u> | ¢4 60F | : 00 |
| | | | Check if this is community property (see instructions) | \$1,625 | 5.00 \$1,625.00 |
| Ex | | | and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, motorcy | | |
| .p Part | ages you has been been describe | ave attached for Part 2. Writ Your Personal and Household | | | \$1,625.00 |
| | | | interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E | | oods and furnishings ajor appliances, furniture, liner | ns, china, kitchenware | | |
| | | | Living Room Set, Kitchen Appliances an | nd Utansils | \$1,700.00 |
| | | Bedroom Set, | Living Room Set, Kitchen Appliances an | iu Oterisiis | Ψ1,700.00 |
| | • | cluding cell phones, cameras, | . , | rinters, scanners; music c | |
| | | Iphone, ipad, | 1 Television set, Ipod | | \$800.00 |
| E | | ntiques and figurines; painting her collections, memorabilia, | s, prints, or other artwork; books, pictures, or othe collectibles | er art objects; stamp, coin | , or baseball card collections; |
| E | Examples: Sp | usical instruments | and other hobby equipment; bicycles, pool tables | , golf clubs, skis; canoes | and kayaks; carpentry tools; |
| | | | | | |
| _ | F irearms <i>Examples:</i> F ■ No | Pistols, rifles, shotguns, ammu | nition, and related equipment | | |

Official Form 106A/B Schedule A/B: Property page 2

| D | eptor 1 | Colleen M Bartlett | | Case number (if known) | 8-19-76515 |
|-----|--------------------|--|------------------------------|---|--|
| | ☐ Yes. | Describe | | | |
| 11. | Clothe | | ırs, leather coats, designer | r wear, shoes, accessories | |
| | | Describe | | | |
| | | Cloth | ning | | \$3,000.00 |
| 12. | □ No | | ostume jewelry, engageme | ent rings, wedding rings, heirloom jewelry, watches, gems, o | gold, silver |
| | | Jewe | elry | | \$100.00 |
| | Examp ■ No □ Yes. | rm animals bles: Dogs, cats, birds, ho Describe her personal and house | | already list, including any health aids you did not list | |
| | ■ No □ Yes. | Give specific information | າ | | |
| 15 | | | your entries from Part 3 | , including any entries for pages you have attached | \$5,600.00 |
| | | scribe Your Financial Asse | | of the fellowing | 0 |
| D | o you ow | n or have any legal or o | equitable interest in any | of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | | your wallet, in your home, | in a safe deposit box, and on hand when you file your petiti | on |
| | | | | Cash | \$50.00 |
| 17. | | | | s; certificates of deposit; shares in credit unions, brokerage the same institution, list each. | houses, and other similar |
| | _ | | | Institution name: | |
| | | 17.1. | Credit Union-Checking | Teachers Federal Credit Union, checking account ending in xxxxxxxx4959 | \$11.90 |
| | | 17.2. | Credit Union-Savings | Teachers Federal Credit Union, savings account ending in xxxxxxxx4941 | \$1.20 |
| | | 17.3. | Credit Union | Island Federal Credit Union, account ending in xxxxxxx47836 | \$122.39 |
| | | 17.4. | Credit Union- Checking | Bethpage Federal Credit Union, checking account ending in xxxxxxx4651 | \$0.93 |
| | | | | | |

| De | ebtor 1 | Colleen M E | Bartlett | | | Case number (if known, | 8-19-76515 |
|-------------|------------------------------|---|--------------|--|---|-------------------------------|--|
| | | | 17.5. | Credit Union-Saving | Bethpage Federal Cred account ending in xxxx | | \$8.00 |
| 18. | | | | cly traded stocks ent accounts with brok | erage firms, money market accou | ınts | |
| | _ | | | Institution or issuer na | ame: | | |
| | | | | ETrade Securities | , Investment account ending | g in xxxxxxxx5519 | \$364.61 |
| 19. | . Non-pu joint ve ■ No | | tock and | interests in incorpor | ated and unincorporated busin | esses, including an intere | st in an LLC, partnership, and |
| | _ | Give specific ir | | about themme of entity: | | % of ownership: | |
| 20. | Negotia | able instrument | s include ¡ | personal checks, cash | able and non-negotiable instruitiers' checks, promissory notes, artifer to someone by signing or deli | nd money orders. | |
| | ☐ Yes. 0 | Give specific in | | about them uer name: | | | |
| 21. | Examp ■ No | nent or pensio bles: Interests in List each accou | IRA, ERI | SA, Keogh, 401(k), 40 | 3(b), thrift savings accounts, or ot | her pension or profit-sharing | g plans |
| | | | Туре | of account: | Institution name: | | |
| 22. | Your sh Examp | | ed deposi | ts you have made so t | hat you may continue service or u ublic utilities (electric, gas, water), | | nies, or others |
| | ■ No □ Yes | | | | Institution name or individua | ıl: | |
| 23. | Annuiti | i es (A contract | for a perio | dic payment of money | to you, either for life or for a num | ber of years) | |
| | ■ No □ Yes | Į: | ssuer nam | ne and description. | | | |
| 24. | . Interest | | | | alified ABLE program, or under | a qualified state tuition pr | ogram. |
| | ☐ Yes | 1 | nstitution i | name and description. | Separately file the records of any | interests.11 U.S.C. § 521(c |): |
| 25. | ■ No | • | | | ner than anything listed in line 1 |), and rights or powers ex | ercisable for your benefit |
| 00 | | Give specific in | | | l other intellectual property | | |
| 2 6. | | | | | l other intellectual property s from royalties and licensing agre | eements | |
| | ☐ Yes. | Give specific in | formation | about them | | | |
| 27. | | | | er general intangibles dusive licenses, coope | s rative association holdings, liquor | licenses, professional licen | ses |
| | | Give specific ir | formation | about them | | | |
| M | oney or p | property owed | to you? | | | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

| De | ebtor 1 | Colleen M Bartlett | | Case number (if known) | 8-19-76515 |
|-----|-------------------|---|---|--|----------------------------|
| 28. | Tax ref | funds owed to you | | | |
| | | Give specific information about the | em, including whether you already file | ed the returns and the tax years | |
| 29. | | support bles: Past due or lump sum alimon | y, spousal support, child support, ma | intenance, divorce settlement, property | settlement |
| | ■ No | | | | |
| | □ res. | Give specific information | | | |
| 30. | Exam _l | amounts someone owes you bles: Unpaid wages, disability insur benefits; unpaid loans you ma | | ick pay, vacation pay, workers' comper | nsation, Social Security |
| | ■ No □ Yes. | Give specific information | | | |
| 31. | | ets in insurance policies oles: Health, disability, or life insura | ance; health savings account (HSA); | credit, homeowner's, or renter's insurar | nce |
| | ■ Yes. | Name the insurance company of e Company n | | Beneficiary: | Surrender or refund value: |
| | | | Life Insurance Company, cy, account ending in | | |
| | | xxxxxx820 | 05 | Joseph Bartlett | \$1.00 |
| 33. | Claims | | or not you have filed a lawsuit or mates, insurance claims, or rights to su | | |
| | ☐ Yes. | Describe each claim | | | |
| 34. | ■ No | contingent and unliquidated clai Describe each claim | ms of every nature, including cou | nterclaims of the debtor and rights to | set off claims |
| o E | | | h. liat | | |
| J). | ■ No | nancial assets you did not alread Give specific information | y list | | |
| 36 | | | ries from Part 4, including any ent | | \$560.03 |
| Pa | art 5: De | scribe Any Business-Related Proper | ty You Own or Have an Interest In. List | any real estate in Part 1. | |
| | _ ` | | terest in any business-related property | ? | |
| | _ | o to Part 6. | | | |
| | ⊔ Yes. C | So to line 38. | | | |
| Pa | | scribe Any Farm- and Commercial Fi ou own or have an interest in farmland, | shing-Related Property You Own or Hallist it in Part 1. | ve an Interest In. | |
| 46. | . Do you | own or have any legal or equita | able interest in any farm- or comm | ercial fishing-related property? | |
| | No. | Go to Part 7. | | | |

Official Form 106A/B

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| Debtor 1 | Colleen M Bartlett | | Case number (if known) | 8-19-76515 |
|-----------------|---|--------------------|---------------------------|------------------------|
| ПΥ | es. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You D | oid Not List Above | | |
| | ou have other property of any kind you did not already list? mples: Season tickets, country club membership | | | |
| ■ No | | | | |
| ⊔ Ye | s. Give specific information | | | |
| 54. Ad | d the dollar value of all of your entries from Part 7. Write that | number here | | \$0.00 |
| | - | | l | |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Par | t 1: Total real estate, line 2 | | | \$467,923.00 |
| 56. Par | t 2: Total vehicles, line 5 | \$1,625.00 | | |
| 57. Pa r | rt 3: Total personal and household items, line 15 | \$5,600.00 | | |
| 58. Pa r | t 4: Total financial assets, line 36 | \$560.03 | | |
| 59. Pa r | t 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Pa r | t 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Pa r | rt 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. Tot | al personal property. Add lines 56 through 61 | \$7,785.03 | Copy personal property to | stal \$7,785.03 |
| 63. Tot | al of all property on Schedule A/B. Add line 55 + line 62 | | | \$475,708.03 |

Official Form 106A/B Schedule A/B: Property page 6

| Debtor 1 | Colleen M Bartlet | t | | |
|--|-------------------|-------------|-----------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | | | | |
| Case number | 8-19-76515 | | | |
| if known) | | | | ☐ Check if this is an amended filing |

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property You Claim as Exempt |
|---------|---|
| | |

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
|----|--|--------------------------------------|-----|---|------------------------------------|--|--|--|--|
| | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
| | ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | | | | | |
| | 16 Houghton Boulevard Stony Brook, NY 11790 Suffolk County | \$467,923.00 | | \$100.00 | 11 U.S.C. § 522(d)(1) | | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2003 Chrysler Town & Country 157,000 miles | \$1,625.00 | | \$1,625.00 | 11 U.S.C. § 522(d)(2) | | | | |
| | Fair Condition Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Bedroom Set, Living Room Set, Kitchen Appliances and Utensils | \$1,700.00 | | \$1,700.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Iphone, ipad, 1 Television set, Ipod Line from Schedule A/B: 7.1 | \$800.00 | | \$800.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | Line Hom Schedule AVB. 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Clothing Line from Schedule A/B: 11.1 | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(3) | | | | |
| | LITE HOTH SCHEUUR AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | | | | | | | | | |

| De | btor 1 Colleen M Bartlett | | | Case number (if known) | 8-19-76515 |
|--|---|--------------------------------------|--|---|-----------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Jewelry Line from Schedule A/B: 12.1 | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(4) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Line from Schedule A/B: 16.1 | \$50.00 | | \$50.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Credit Union-Checking: Teachers Federal Credit Union, checking | \$11.90 | | \$11.90 | 11 U.S.C. § 522(d)(5) |
| | account ending in xxxxxxx4959 Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Credit Union-Savings: Teachers Federal Credit Union, savings | \$1.20 | • | \$1.20 | 11 U.S.C. § 522(d)(5) |
| | account ending in xxxxxxx4941 Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Credit Union: Island Federal Credit Union, account ending in | \$122.39 | • | \$122.39 | 11 U.S.C. § 522(d)(5) |
| | xxxxxxx47836 Line from Schedule A/B: 17.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Credit Union- Checking: Bethpage Federal Credit Union, checking | \$0.93 | • | \$0.93 | 11 U.S.C. § 522(d)(5) |
| | account ending in xxxxxxx4651 Line from Schedule A/B: 17.4 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Credit Union-Saving: Bethpage Federal Credit Union, saving account | \$8.00 | | \$8.00 | 11 U.S.C. § 522(d)(5) |
| | ending in xxxxxxx4644 Line from Schedule A/B: 17.5 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ETrade Securities, Investment account ending in xxxxxxxx5519 | \$364.61 | | \$364.61 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 18.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | New York Life Insurance Company, term policy, account ending in | \$1.00 | | \$1.00 | 11 U.S.C. § 522(d)(5) |
| xxxxxx8205 Beneficiary: Joseph Bartlett Line from Schedule A/B: 31.1 | | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3 | | | led on or after the date of adjustmen | t.) |
| | No☐ Yes. Did you acquire the property covere | d by the exemption wi | thin 1 | 215 days before you filed this case |) |
| | □ No | a by the exemption wi | ami I | ,210 days boloto you liled tills case | |
| | ☐ Yes | | | | |

| Fill in this inform | ation to identify you | ur case: | | | | | |
|--|--------------------------------------|--|---------------------|--|--------------------------|-------------------|--|
| Debtor 1 | Colleen M Bartl | lett | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| (Spouse II, IIIIIIg) | First Name | Middle Name | Last Name | | | | |
| United States Bar | kruptcy Court for the | : EASTERN DISTRICT OF NI | EW YORK | | | | |
| Case number 8 | -19-76515 | | | | | | |
| (if known) | 10 7 00 10 | | | | ☐ Check | if this is an | |
| | | | | | amend | ded filing | |
| O(() : E | 400D | | | | | | |
| Official Form | | | | | | | |
| Schedule | D: Creditors | s Who Have Claims | s Secure | d by Property | y | 12/15 | |
| | | If two married people are filing tog out, number the entries, and attach | | | | | |
| 1. Do any creditors | nave claims secured b | y your property? | | | | | |
| ☐ No. Check | this box and submit t | this form to the court with your oth | her schedules. \ | ou have nothing else to | report on this form. | | |
| Yes. Fill in | all of the information | below. | | | | | |
| Part 1: List All | Secured Claims | | | | | | |
| | laims. If a creditor has | more than one secured claim, list the | creditor separatel | Column A | Column B | Column C | |
| for each claim. If mo | ore than one creditor has | s a particular claim, list the other credi | itors in Part 2. As | Amount of claim | Value of collateral | Unsecured | |
| | · | ical order according to the creditor's n | iame. | Do not deduct the value of collateral. | that supports this claim | portion If any | |
| | cial Services | Describe the property that secure | | \$510,000.00 | \$467,923.00 | \$42,077.00 | |
| Creditor's Name | | 16 Houghton Boulevard S Brook, NY 11790 Suffolk | | | | | |
| 1425 Gree | nway Drive | Brook, NT 11790 Sulfolk | County | | | | |
| Suite 400 | ay 2 | As of the date you file, the claim apply. | is: Check all that | | | | |
| Irving, TX | 75038 | Contingent | | | | | |
| Number, Street, | City, State & Zip Code | ☐ Unliquidated | | | | | |
| | | Disputed | | | | | |
| Who owes the del | ot? Check one. | Nature of lien. Check all that apple | ly. | | | | |
| Debtor 1 only | | An agreement you made (such car loan) | as mortgage or se | ecured | | | |
| Debtor 2 only | -4 O b | _ ′ | | | | | |
| ☐ Debtor 1 and Del | otor ∠ only e debtors and another | ☐ Statutory lien (such as tax lien, lien from a lawsuit | mechanic's lien) | | | | |
| ☐ Check if this cla | | ☐ Other (including a right to offset | t) | | | | |
| community dek | | outlook (anotocounty of right to office) | ·/ | | | | |
| Date debt was incu | rred <u>05/2007</u> | Last 4 digits of account nu | umber | | | | |
| | | | | | | | |
| Add the dollar va | lue of your entries in C | Column A on this page. Write that n | umber here: | \$510,00 | 0.00 | | |
| | | the dollar value totals from all pag | es. | \$510,00 | | | |
| Write that numbe | r nere: | | | 70.10,00 | | | |
| Part 2: List Oth | ers to Be Notified fo | or a Debt That You Already List | ted | | | | |
| trying to collect fro than one creditor for | m you for a debt you o | ne notified about your bankruptcy for the someone else, list the credit t you listed in Part 1, list the addition his page. | or in Part 1, and | then list the collection ag | ency here. Similarly, if | you have more | |
| Name Numb | er, Street, City, State & | Zin Code | 0- 1 | ich line in Dort 4 dielen | stor the avadition 2.4 | | |
| | viatt Gilman LLP | J000 | On wh | ich line in Part 1 did you er | ner the creditor? | | |
| | ch & Lomb Place | | Last 4 | digits of account number _ | _ | | |
| Rochester, NY 14604 | | | | | | | |

Official Form 106D

| | lin thin info | | | | | ĺ | |
|-------|---------------------------------------|--|---|--|------------------------------|-----------------------|----------------------|
| FIII | i in this infor | mation to identify your cas | se: | | | | |
| De | btor 1 | Colleen M Bartlett | Adiable Name | Last Mana | | | |
| Do | btor 2 | First Name | Middle Name | Last Name | | | |
| | ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Un | ited States Ba | ankruptcy Court for the: E | EASTERN DISTRICT | OF NEW YORK | | | |
| 011 | noa Olaloo Di | ariki uptoy Court for the. | | OF NEW YORK | | | |
| | _ | 8-19-76515 | | | | | |
| (ıt k | nown) | | | | | | t if this is an |
| | | | | | | amend | ded filing |
| Of | ficial Forr | m 106E/F | | | | | |
| Sc | hedule E | F/F: Creditors Wh | o Have Unse | cured Claims | | | 12/15 |
| | | | | PRIORITY claims and Part 2 fo | | | |
| | | | | im. Also list executory contract n 106G). Do not include any cre | | | |
| Sch | edule D: Credi | tors Who Have Claims Secure | d by Property. If more | space is needed, copy the Part | t you need, fill it out, | number the entries i | in the boxes on the |
| | | imber (if known). | r you have no informa | tion to report in a Part, do not f | me that Part. On the t | op of any additional | pages, write your |
| Pa | rt 1: List A | All of Your PRIORITY Unse | cured Claims | | | | |
| 1. | Do any credit | ors have priority unsecured c | laims against you? | | | | |
| | ☐ No. Go to I | Part 2. | | | | | |
| | Yes. | | | | | | |
| 2. | identify what ty possible, list th | ype of claim it is. If a claim has b | ooth priority and nonprior coording to the creditor's | an one priority unsecured claim, listrity amounts, list that claim here as name. If you have more than two creditors in Part 3 | and show both priority a | and nonpriority amour | nts. As much as |
| | | nation of each type of claim, see | | | | | |
| | (| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | , | Total claim | Priority | Nonpriority |
| 2.1 | Guerre | ero Law Offices, P.C | Last 4 digits | of account number | \$4,000.00 | amount \$4,000.00 | amount \$0.00 |
| | | reditor's Name | | | | | Ψυ.υυ |
| | | Fifth Avenue | When was th | ne debt incurred? 09/2019 |) | _ | |
| | | nore, NY 11706 Street City State Zip Code | As of the da | te you file, the claim is: Check a | all that apply | | |
| | | ed the debt? Check one. | ☐ Continger | - | , | | |
| | Debtor 1 | only | ☐ Unliquida | | | | |
| | Debtor 2 | • | ☐ Disputed | icu | | | |
| | _ | • | • | ORITY unsecured claim: | | | |
| | | and Debtor 2 only | 31 | support obligations | | | |
| | _ | one of the debtors and another | | | | | |
| | | this claim is for a community | ucbi | d certain other debts you owe the r death or personal injury while yo | 0 | | |
| | _ | subject to offset? | _ | | | | |
| | ■ No □ Yes | | Other. Sp | Legal Fees | iu commissions | | = |
| | L res | | | Legai rees | | | |
| | | | | | | | |
| | | All of Your NONPRIORITY | | | | | |
| 3. | Do any credit | tors have nonpriority unsecure | ed claims against you? | ? | | | |
| | ☐ No. You ha | ave nothing to report in this part. | Submit this form to the | court with your other schedules. | | | |
| | Yes. | | | | | | |
| 4. | List all of you | ır nonpriority unsecured claim | s in the alphabetical c | order of the creditor who holds | each claim. If a credit | or has more than one | nonpriority |
| | unsecured cla | im, list the creditor separately fo | r each claim. For each o | claim listed, identify what type of c rt 3.lf you have more than three n | claim it is. Do not list cla | aims already included | in Part 1. If more |

Total claim

| Deptor | Colleen M Bartlett | | Case number (if known) 8-19-76515 | | | | |
|--------|---|--|--|------------|--|--|--|
| 4.1 | Continental Finance Co | Last 4 digits of account number | 9941 | \$719.00 | | | |
| | Nonpriority Creditor's Name Po Box 8099 Newark, DE 19714 | When was the debt incurred? | Opened 01/18 Last Active 05/19 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | |
| 4.2 | Dept of Ed / Navient | Last 4 digits of account number | 1108 | \$5,973.00 | | | |
| | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | Opened 11/10 Last Active 8/31/19 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify | | | | | |
| | | Educationa | 1 | | | | |
| 4.3 | Dept of Ed / Navient Nonpriority Creditor's Name | Last 4 digits of account number | 1024 | \$5,091.00 | | | |
| | Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | Opened 10/08 Last Active 8/31/19 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | No | Debts to pension or profit-sharir | on plans, and other similar debts | | | | |
| | | _ | יש איניים | | | | |
| | Yes | Other. Specify | <u> </u> | | | | |
| | | Educationa | 11 | | | | |

| Deptor | Colleen M Bartlett | | Case number (if known) 8-19-76515 | | | |
|--------|---|---|---|------------|--|--|
| 4.4 | Dept of Ed / Navient Nonpriority Creditor's Name | Last 4 digits of account number | 1024 | \$5,047.00 | | |
| | Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | Opened 10/08 Last Active 8/31/19 | | | |
| - | Number Street City State Zip Code | As of the date you file, the claim i | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | ☐Yes | ☐ Other. Specify | | | | |
| | | Educationa | ı | | | |
| 4.5 | Dept of Ed / Navient | Last 4 digits of account number | 0309 | \$2,822.00 | | |
| | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 | When was the debt incurred? | Opened 03/10 Last Active 8/31/19 | Ψ2,022.00 | | |
| - | Wilkes Barr, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |
| | | Educationa | | | | |
| 4.6 | Dept of Ed / Navient | Last 4 digits of account number | 0715 | \$2,258.00 | | |
| | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkes Barr, PA 18773 | When was the debt incurred? | Opened 07/09 Last Active 8/31/19 | | | |
| - | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | Check if this claim is for a community | Student loans | | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify | | | | |
| | | Educationa | ıl — | | | |

Official Form 106 E/F

| Debtor | 1 Colleen M Bartlett | | Case number (if known) 8-19-765 | 15 | | |
|--------|--|--|--|------------|--|--|
| 4.7 | Dept of Ed / Navient | Last 4 digits of account number | 0304 | \$1,485.00 | | |
| | Nonpriority Creditor's Name Attn: Claims Dept Po Box 9635 Wilkon Born DA 18773 | When was the debt incurred? | Opened 03/09 Last Active hen was the debt incurred? 8/31/19 | | | |
| | Wilkes Barr, PA 18773 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did no | t | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| | Yes | Other. Specify | | _ | | |
| | | Educationa | al | | | |
| 4.8 | First Nataional Bank/Legacy Nonpriority Creditor's Name | Last 4 digits of account number | 5700 | \$582.00 | | |
| | Attn: Bankruptcy Po Box 5097 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 12/11 Last Active 08/14 | _ | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did no | t | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | 1 | _ | | |
| 4.9 | First PREMIER Bank | Last 4 digits of account number | 8533 | \$485.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 08/11 Last Active 10/12/17 | _ | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did no | t | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharing | | | | |
| | ☐ Yes | Other. Specify Credit Card | ı | | | |

| Debto | r 1 Colleen M Bartlett | | Case number (if known) 8-19-76515 | |
|-------|--|---|--|----------|
| 4.1 | First PREMIER Bank | Last 4 digits of account number | 6246 | \$337.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 5524 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 10/12 Last Active 10/12/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | First Savings Credit Card Nonpriority Creditor's Name | Last 4 digits of account number | 5080 | \$324.00 |
| | Attn: Bankruptcy Department Po Box 5019 Sioux Falls, SD 57117 | When was the debt incurred? | Opened 05/13 Last Active 08/14 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Genesis Bc/Celtic Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9413 | \$408.00 |
| | Attn: Bankruptcy Po Box 4477 Beaverton, OR 97076 | When was the debt incurred? | Opened 05/18 Last Active 07/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ■ No □ Yes | · | | |
| | | ■ Other. Specify Credit Card | I | |

Official Form 106 E/F

| Debtor 1 Colleen M Bartlett | | | Case number (if known) 8-19-76515 | |
|-----------------------------|--|--|---|------------|
| 4.1 | Portfolio Recovery | Last 4 digits of account number | 0755 | \$2,275.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502 | When was the debt incurred? | Opened 11/20/17 Last Active 11/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | □Yes | ■ Other. Specify Bank Usa | Company Account Capital One N.A. | |
| 4.1 | Portfolio Recovery | Last 4 digits of account number | 3316 | \$876.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502 | When was the debt incurred? | Opened 11/20/17 Last Active 11/16 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Bank Usa | Company Account Capital One N.A. | |
| 4.1 5 | Verizon | Last 4 digits of account number | 0001 | \$175.00 |
| | Nonpriority Creditor's Name Verizon Wireless Bk Admin 500 Technology Dr Ste 550 Weldon Springs, MO 63304 | When was the debt incurred? | Opened 3/20/14 Last Active 4/16/15 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Agriculture |) | |
| | | · <u></u> | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 Colleen M Bartlett

Case number (if known)

8-19-76515

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|---|------------|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 4,000.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 4,000.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 22,676.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | • | 0.00 |
| | Ch | you did not report as priority claims | 6g. 6h. | \$ | |
| | 6h. | 3 p. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 6,181.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 28,857.00 |

| Fill in this inform | mation to identify your | case: | | | |
|---------------------|--------------------------|--------------------|------------|--|------------------------------------|
| Debtor 1 | Colleen M Bartlet | t | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | inkruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | | |
| Case number | 8-19-76515 | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| 1 | Person or | company with | whom you have the , Street, City, State and ZIP | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|--------------|--|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | Oity | | Oldio | 211 0000 | |
| 2.0 | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | • | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |

Case 8-19-76515-las Doc 9 Filed 10/16/19 Entered 10/16/19 13:16:59

| Fill in this | information to identify your | case: | | | |
|--|--|--|--|--|--|
| Debtor 1 | Colleen M Bartlet | | Last Name | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing | ng) First Name | Middle Name | Last Name | _ | |
| United Sta | ates Bankruptcy Court for the: | EASTERN DISTRICT C | F NEW YORK | | |
| Case num | ber 8-19-76515 | | | | ☐ Check if this is an |
| Officia | I Form 106H | | | | amended filing |
| Sched | lule H: Your Cod | ebtors | | | 12/15 |
| ill it out, a your name 1. Do No Yes 2. With Arizon No. Yes 3. In Col | and number the entries in the e and case number (if known) you have any codebtors? (If you have any codebtors? (If you have any codebtors? (If you have any codebtors), and the last 8 years, have you have a california, Idaho, Louisiana, and Go to line 3. So Did your spouse, former spoulumn 1, list all of your codebt | boxes on the left. Attach. Answer every question you are filing a joint case, which is a community property and in a community property and in a community property and in a community property are not included in a community property and in a community property are not included in a community property and in a community property and in a community property are not included in a community property and in a community prop | the Additional Page to | as a codebtor. y? (Community propertington, and Wisconsin.) if your spouse is filing | g with you. List the person shown |
| in line Form | e 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed th | ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZI | P Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lin | ۵ |
| | Name | | | Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lin | e |
| | Name | | | □ Schedule E/F, I | |
| | | | | ☐ Schedule G, lin | e |
| | Number Street | | | _ | |
| | City | State | ZIP Code | | |

| Fill | in this information to identify your c | ase: | | | | | | | |
|--------------------|---|--|--|-----------------------|--------------------------|--|-----------------------------|---------------------------|-----------------|
| Del | otor 1 Colleen M B | artlett | | | | | | | |
| | otor 2 use, if filing) | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | : EASTERN DISTRICT | OF NEW YORK | | _ | | | | |
| | 8-19-76515 nown) | | | | | heck if this is An amende A supplement | ed filing ent showing | | |
| \bigcirc | fficial Form 106l | | | | | | as of the foll | owing date: | |
| | chedule I: Your Inc | ome | | | | MM / DD/ Y | YYYY | | 12/1 |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you che a separate sheet to this form. Describe Employment | are married and not filir r spouse is not filing wi | ng jointly, and your s th you, do not inclu | spouse i de infori | is living w mation ab | ith you, incl out your spo | ude informa ouse. If mor | ation about e space is | your needed, |
| 1. | Fill in your employment | | | | | . | | | |
| | information. | | Debtor 1 ☐ Employed | | | Debtor 2 | 2 or non-fili | ng spouse | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Not employed | | | | mployed | | |
| | information about additional employers. | Occupation | — Not employed | | | | | | |
| | Include part-time, seasonal, or | Occupation Employer's name | | | | _ | | | |
| | self-employed work. Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed th | nere? | | | | | | |
| Par | Give Details About Mor | nthly Income | | | | | | | |
| spoi If yo | mate monthly income as of the duse unless you are separated. u or your non-filing spouse have mees space, attach a separate sheet to | ore than one employer, co | · | | | | • | · | · · |
| | | | | | For | Debtor 1 | For Debt | or 2 or g spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

| For Debtor 1 For Debtor 2 or mon-filling spouse | Deb | tor 1 | Colleen M Bartlett | _ | С | ase number (if known) | 8-19-7651 | 5 | |
|--|-----|---|--|-------|-----|-----------------------|------------|--------|----------|
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. \$ 0.000 \$ N/A 5c. Required repayments of retirement rund toans 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Domestic support obligations 5c. Insurance 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 6c. Social Security 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Social Security 8c. Soc | | Cop | y line 4 here | 4. | | | non-filing | spouse | |
| 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. So. \$ 0.000 \$ N/A 5c. Required repayments of retirement rund toans 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Domestic support obligations 5c. Insurance 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Insurance 5c. Social Security 5c. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 6c. Social Security 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Social Security 8c. Soc | 5 | l iet | all navroll deductions: | | | | | | |
| 55. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. No. Required repayments of retirement fund loans 5c. Insurance 5c. So. 0.00 \$ N/A 5c. Insurance 6f. Domestic support obligations 5f. \$0.000 \$ N/A 5g. Union dues 5g. Volunt dues 5g. Volunt deuter of the deuter of th | J. | | • • | 52 | | 0.00 | ¢ | NI/A | |
| 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. So. 0.00 \$ NVA 5e. Insurance 5f. Domestic support obligations 5f. \$ 0.00 \$ NVA 5g. Union dues 5g. \$ 0.00 \$ NVA 5g. \$ 0.00 \$ | | | • | | | | | | _ |
| 56. Required repayments of retirement fund loans 56. Is \$ 0.00 \$ N/A 56. Domestic support obligations 57. Domestic support obligations 58. Union dues 59. Union due | | | · · · · · · · · · · · · · · · · · · · | | | | · — | | _ |
| 5f. Domestic support obligations 5g. Union dues 5g. Union dues 5h. Other deductions. Specify: 5h. Sph. Sph. Sph. Sph. Sph. Sph. Sph. Sp | | 5d. | • | 5d. | . : | . — | · · | | _ |
| 5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$0.00 \$N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$0.00 \$N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$1,800.00 \$N/A 8d. \$0.00 \$N/A 8d | | 5e. | Insurance | 5e. | . : | \$ 0.00 | \$ | N/A | - |
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| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 6,486.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? No. | | 8g. | | _ | | | · - | | _ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | | 8h. | Other monthly income. Specify: | _ 8h. | + : | \$ | + \$ | N/A | - |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies Combined monthly income No. | 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 6,486.00 | \$ | N/A | A |
| Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 13. Do you expect an increase or decrease within the year after you file this form? No. | 10. | | • | 10. | \$ | 6,486.00 + \$ | N/A | = \$ | 6,486.00 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 6,486.00 Combined monthly income No. | 11. | Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . | | | | | | | |
| 13. Do you expect an increase or decrease within the year after you file this form? ■ No. | 12. | Writ | e that amount on the Summary of Schedules and Statistical Summary of Certain | | | | a, if it | . \$ | 6,486.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | | | | | | | | | |
| | 13. | Do : | • | ? | | | | month | y income |
| | | | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this information to identify your case: | | | | |
|-------------------|---|---|-----------------|-------------------|---|
| Deb | otor 1 Colleen M Bartlett | | Che | ck if this is: | |
| Dah | | | | An amended filing | .: |
| | ouse, if filing) | | | 13 expenses as of | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for the: _EASTERN DISTRICT OF NEW YO | ORK | | MM / DD / YYYY | |
| | enumber 8-19-76515 (nown) | | | | |
| \cap | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/1 |
| Be info nur | as complete and accurate as possible. If two married people ar ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question. | | | | r supplying correct |
| Par 1. | tt 1: Describe Your Household Is this a joint case? | | | | |
| | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Separate Housel | hold of Deb | itor 2. | |
| 2. | Do you have dependents? ☐ No | , | | | |
| _ | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | Son | | 18 | Yes |
| | | Son | | 20 | □ No |
| | | 3011 | | | ■ Yes □ No |
| | | | | _ | □ Yes |
| | | | | | □ No |
| 3. | Do your expenses include ■ No | | | | ☐ Yes |
| | expenses of people other than yourself and your dependents? | | | | |
| Est | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | |
| the | lude expenses paid for with non-cash government assistance it value of such assistance and have included it on <i>Schedule I: Y</i> ficial Form 106l.) | | | Your expe | enses |
| (Ο. | | | | | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | . | 0.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | 5 | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. 9 | | 50.00 |
| 5. | 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as ho | me equity loans | 4d. \$ 5. \$ | | 0.00 |

| Debtor 1 | Colleen | M Bartlett | Case numl | per (if known) | 8-19-76515 |
|---|--|--|--------------------------|----------------|-------------------------------|
| 6. Util i | ities: | | | | |
| 6a. | | heat, natural gas | 6a. | \$ | 350.00 |
| 6b. | - | ver, garbage collection | 6b. | \$ | 35.00 |
| 6c. | - | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 418.96 |
| 6d. | Other. Spe | • • | 6d. | \$ | 0.00 |
| | | ekeeping supplies | | \$ | 500.00 |
| | | hildren's education costs | 8. | \$ | 0.00 |
| | | ry, and dry cleaning | 9. | \$ | 50.00 |
| | _ | roducts and services | 10. | \$ | 100.00 |
| | • | ntal expenses | 11. | · | |
| | | • | 11. | Φ | 0.00 |
| | n sportation. not include ca | Include gas, maintenance, bus or train fare. | 12. | \$ | 120.00 |
| | | ar payments. clubs, recreation, newspapers, magazines, and book | | \$ | 12.99 |
| | | ributions and religious donations | s 13. | \$ | 0.00 |
| 4. Cha 5. Inst | | indulons and rengious donations | 14. | Ψ | 0.00 |
| | | surance deducted from your pay or included in lines 4 or | 20 | | |
| | . Life insura | | 20. 15a. | \$ | 106.47 |
| | . Health ins | | 15b. | | 0.00 |
| | . Vehicle ins | | 15b. 15c. | | 209.69 |
| | | | 15d. | \$ | |
| | | rance. Specify: | | Ψ | 0.00 |
| Spe | cify: | clude taxes deducted from your pay or included in lines | 4 or 20. 16. | \$ | 0.00 |
| | | ease payments: | 4- | Φ. | |
| | | ents for Vehicle 1 | 17a. | · | 0.00 |
| | . , | ents for Vehicle 2 | 17b. | · | 0.00 |
| | Other. Spe | | 17c. | * | 0.00 |
| | . Other. Spe | · | 17d. | \$ | 0.00 |
| | | of alimony, maintenance, and support that you did n | | Φ | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official | | \$ | |
| | | s you make to support others who do not live with yo | | \$ | 0.00 |
| | cify: | | 19. | | |
| | | erty expenses not included in lines 4 or 5 of this form | | | |
| | | s on other property | 20a. | · | 0.00 |
| | . Real estat | | 20b. | · | 0.00 |
| | | nomeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d | . Maintenan | ce, repair, and upkeep expenses | 20d. | · | 0.00 |
| 20e | . Homeown | er's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Oth | er: Specify: | | 21. | +\$ | 0.00 |
| no o -: | | | | - | |
| | - | nonthly expenses | | • | 4.6=0.11 |
| | . Add lines 4 | · · | 40010 | \$ | 1,953.11 |
| 22b | . Copy line 22 | 2 (monthly expenses for Debtor 2), if any, from Official Fo | orm 106J-2 | \$ | |
| 22c. | . Add line 22a | a and 22b. The result is your monthly expenses. | | \$ | 1,953.11 |
| :3. Cal | culate your i | monthly net income. | | | |
| 23a | . Copy line | 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 6,486.00 |
| | | monthly expenses from line 22c above. | 23b. | -\$ | 1,953.11 |
| | | | 1 | - | |
| 23c. | | our monthly expenses from your monthly income. | 23c. | \$ | 4,532.89 |
| | rne result | is your monthly net income. | 200. | T | ., |
| 24. Do v | vou expect a | an increase or decrease in your expenses within the | vear after you file this | form? | |
| | | bu expect to finish paying for your car loan within the year or do y | | | ease or decrease because of a |
| | | terms of your mortgage? | | - | |
| | No. | | | | |
| | es. | Explain here: | | | |

| Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to | Fill in this info | ormation to identify your | case: | | | | |
|---|-------------------|---------------------------|--------------------------|-------------|-------------------------|-------------------|-------|
| Debtor 2 Spouse If, Illing First Name Middle Name Last Name | Debtor 1 | Colleen M Bartlet | t | | | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number 8-19-76515 Check if this is an amended filing Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below | | First Name | Middle Name | Las | Name | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (if known) 8-19-76515 Check if this is an armended filling Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filling together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §\$ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Signature of Debtor 1 | | First Name | Middle Name | Las | Name | | |
| Case number 8-19-76515 Check if this is an amended filing | , | | | | | | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Signature of Debtor 1 | United States E | Bankruptcy Court for the: | EASTERN DISTRICT C | F NEW YOR | RK | | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X Is/ Colleen M Bartlett Signature of Debtor 1 | Case number | 8-19-76515 | | | | | |
| If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Colleen M Bartlett Signature of Debtor 1 | (if known) | | | | | | _ |
| If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Colleen M Bartlett Signature of Debtor 1 | | | ın Individual | Debte | or's Schedu | ıles | 12/15 |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Colleen M Bartlett Signature of Debtor 2 | Doolard | ttioii 7 tboat a | iii iiiaiviaaai | DODE | or o ourrout | 4100 | 12/13 |
| ■ No Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Colleen M Bartlett Signature of Debtor 1 Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form | | | 010, and 0011. | | | | |
| Yes. Name of person Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Colleen M Bartlett Signature of Debtor 1 Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form | Did you p | pay or agree to pay some | one who is NOT an attor | ney to help | you fill out bankruptc | y forms? | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. X /s/ Colleen M Bartlett Colleen M Bartlett Signature of Debtor 1 Declaration, and Signature (Official Form | ■ No | | | | | | |
| that they are true and correct. X /s/ Colleen M Bartlett Colleen M Bartlett Signature of Debtor 1 X Signature of Debtor 2 | ☐ Yes. | Name of person | | | | | |
| Colleen M Bartlett Signature of Debtor 2 Signature of Debtor 1 | | | that I have read the sum | mary and s | chedules filed with thi | s declaration and | |
| Colleen M Bartlett Signature of Debtor 2 Signature of Debtor 1 | X /s/ Co | | | | | | |
| Date October 11, 2019 Date | , , , , , , , | olleen M Bartlett | | Х | | | |
| | Colle | en M Bartlett | | x | Signature of Debtor 2 | | |

| Fill | in this info | rmation to identify your | case: | | | | | |
|-------------------|------------------|-----------------------------------|--|-------------|-------------------------------|--|------------|------------------------------------|
| De | btor 1 | Colleen M Bartle | | | | | | |
| Del | btor 2 | First Name | Middle Name | ! | _ast Name | | | |
| | ouse if, filing) | First Name | Middle Name | 1 | _ast Name | | | |
| Uni | ited States E | Bankruptcy Court for the: | EASTERN DISTRICT O | F NEW Y | ORK | | | |
| | se number | 8-19-76515 | | | | | | |
| (if kr | nown) | | | | | | _ | heck if this is an mended filing |
| | | | | | | | | |
| Of | ficial F | orm 107 | | | | | | |
| | | | Affairs for Indivi | duals | Filing for B | Bankruptcy | | 4/19 |
| | | | ole. If two married people | | | | le for sup | plying correct |
| info | rmation. If | more space is needed, | attach a separate sheet to | | | | | |
| | | wn). Answer every ques | | | | | | |
| Pai | rt 1: Give | Details About Your Ma | rital Status and Where Yo | u Lived I | Before | | | |
| 1. | What is yo | our current marital status | s? | | | | | |
| | ☐ Marrie | ed | | | | | | |
| | ■ Not m | arried | | | | | | |
| 2. | During the | e last 3 years, have you l | ived anywhere other than | where y | ou live now? | | | |
| | - | | | | | | | |
| | ■ No □ Yes. I | ist all of the places you li | ved in the last 3 years. Do r | not includ | e where you live nov | V. | | |
| | | | · | | • | | | D D |
| | Debtor 1 | Prior Address: | Dates Debtor 1 lived there | | Debtor 2 Prior Ac | ldress: | | Dates Debtor 2 lived there |
| 3. stat | | | er live with a spouse or le ifornia, Idaho, Louisiana, No | | | | | |
| | ■ No | | | | | | | |
| | ■ No □ Yes. I | Make sure you fill out <i>Sch</i> | edule H: Your Codebtors (C | Official Fo | rm 106H). | | | |
| | | | | | , | | | |
| Pai | rt 2 Exp | lain the Sources of Your | Income | | | | | |
| 4. | Fill in the to | otal amount of income you | ployment or from operati u received from all jobs and have income that you recei | all busine | esses, including part | -time activities. | ious calen | ndar years? |
| | ■ No | | | | | | | |
| | _ | Fill in the details. | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of income Check all that apply. | | s income re deductions and | Sources of incor Check all that app | | Gross income (before deductions |
| | | | , | exclu | sions) | ., | | and exclusions) |
| | | | | | | | | |

Official Form 107

Case 8-19-76515-las Doc 9 Filed 10/16/19 Entered 10/16/19 13:16:59

Case number (if known) 8-19-76515

| 5. | Include and off winnin List ea | e inco her pr gs. If ach so | me regard ublic benefi you are filii | ess of wheth t payments; ng a joint cas ne gross inco | pensions; rental income; se and you have income the some from each source sep | Examples of ot interest; dividend hat you received | ther income are a ds; money collect d together, list it o | ted from lawsuits; royalties inly once under Debtor 1. nat you listed in line 4. | ial Security, unemployment, s; and gambling and lottery |
|----|--------------------------------|--------------------------------------|--|--|---|--|---|--|--|
| | | | | | Debtor 1 Sources of income | Gross in | come from | Debtor 2 Sources of income | Gross income |
| | | | | | Describe below. | each sou | urce leductions and | Describe below. | (before deductions and exclusions) |
| | | | l of curren ed for ban | t year until kruptcy: | Rental Income | | \$26,100.00 | | |
| | | | | | Disability Social Security Benefits | | \$16,074.00 | | |
| | | | | | Child Support | | \$16,200.00 | | |
| | or last ca anuary 1 | | ar year: ecember 3 | 31, 2018) | Rental Income | | \$41,280.00 | | |
| | | | | | Disability Social Security Benefits | | \$22,428.00 | | |
| | | | | | Child Support | | \$21,600.00 | | |
| | | | ar year bef ecember 3 | | Rental Income | | \$34,400.00 | | |
| | | | | | Disability Social Security Benefits | | \$21,984.00 | | |
| | | | | | Child Support | | \$21,600.00 | | |
| Pa | art 3: | List (| Certain Pay | ments You | Made Before You Filed | for Bankruptcy | 1 | | |
| 6. | _ | lo. I | Neither De | btor 1 nor E | 's debts primarily consulebtor 2 has primarily co personal, family, or hous | onsumer debts. | | s are defined in 11 U.S.C. | § 101(8) as "incurred by an |
| | | | | 90 days befo | ore you filed for bankrupto | y, did you pay a | ny creditor a tota | l of \$6,825* or more? | |
| | | | □ _{No.} □ _{Yes} | Go to line 7 | | | No 005* | | |
| | | | | paid that cr not include | editor. Do not include pay payments to an attorney t | ments for dome for this bankrupt | stic support oblig | n one or more payments a ations, such as child supp | oort and alimony. Also, do |
| | | | * Subject t | o adjustmen | t on 4/01/22 and every 3 y | ears after that f | or cases filed on | or after the date of adjustr | ment. |
| | ■ Y | | | | r both have primarily co ore you filed for bankrupto | | | of \$600 or more? | |
| | | | ■ No. | Go to line 7 | | | | | |
| | | | ☐ Yes | include pay | | | | I the total amount you paid port and alimony. Also, do | d that creditor. Do not not include payments to an |
| | | | | | . , | | | | |

Debtor 1 Colleen M Bartlett

Case number (if known) 8-19-76515

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this pag | yment for |
|-----|--|--|---|---|------------------------------------|--|
| 7. | Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 11 alimony. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partner more of their voting | erships of which y g securities; and | ou are a genera any managing ag | l partner; corporations gent, including one for |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi | . , | ments or transfer a | ny property on | account of a de | bt that benefited an |
| | ■ No□ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | this payment tor's name |
| Par | t 4: Identify Legal Actions, Repossession | s and Foreclosures | • | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury of modifications, and contract disputes. No Yes. Fill in the details. | cases, small claims actions | , divorces, collection | | actions, support | or custody |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | e case |
| | Wells Fargo Bank, N.A. vs. Bartlett, Colleen M. 604485/2017 | Foreclosure | Suffolk Suprem One Court Stre Riverhead, NY | et | ■ Pending □ On appea □ Conclude | |
| 10. | Within 1 year before you filed for bankruptc Check all that apply and fill in the details below No. Go to line 11. | | rty repossessed, fo | oreclosed, garn | ished, attached | , seized, or levied? |
| | ☐ Yes. Fill in the information below. Creditor Name and Address | Describe the Property Explain what happened | | Dat | е | Value of the property |
| 11. | | | | | | mounts from your |
| | Creditor Name and Address | Describe the action the | creditor took | Dat take | e action was | Amount |
| 12. | Within 1 year before you filed for bankruptc court-appointed receiver, a custodian, or an No Yes | | rty in the possessi | | | fit of creditors, a |

Debtor 1 Colleen M Bartlett

| n \$600 per person? Dates you gave the gifts /alue of more than \$600 to an Dates you contributed ng because of theft, fire, other Date of your loss | Value |
|--|---|
| Dates you gave the gifts value of more than \$600 to an order of the property | value rer disaster |
| Dates you gave the gifts value of more than \$600 to an order of the property | value ner disaster |
| value of more than \$600 to an Dates you contributed ng because of theft, fire, other Date of your Value | value rer disaster |
| Dates you contributed ng because of theft, fire, oth | Value ner disaster |
| Dates you contributed ng because of theft, fire, oth | Value ner disaster |
| ng because of theft, fire, oth | ner disaster |
| ng because of theft, fire, oth | ner disaster |
| Date of your Value | of property |
| Date of your Value | of property |
| _ | |
| _ | |
| | |
| | |
| transfer any property to any | one you |
| | |
| | |
| Date payment or transfer was made | Amount of payment |
| 7/19/19 | \$1,410.00 |
| n I C r | your bankruptcy. Date payment or transfer was made |

Debtor 1 Colleen M Bartlett

Case number (if known) 8-19-76515

| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do r include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | |
|--|---|--|-----------------------------|-------------------------|--|---|
| | Person Who Received Transfer Address | Description and va property transferre | | payme | be any property or ents received or debts n exchange | Date transfer was made |
| | Person's relationship to you | | | | - | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | |
| | Name of trust | Description and va | lue of the prop | erty trans | ferred | Date Transfer was |
| | | | | | | made |
| | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated. | were any financial account | ounts or instru | ments hel of deposit | d in your name, or for you | |
| | Yes. Fill in the details. | | | | | |
| | | ast 4 digits of ccount number | Type of accou instrument | nt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository cash, or other valuables? No Yes. Fill in the details. | | | | | | ory for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acce Address (Number, Stre State and ZIP Code) | | Describe t | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p ■ No □ Yes. Fill in the details. | place other than your h | nome within 1 y | ear befor | e you filed for bankruptcy | ? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or ha to it? Address (Number, Stre State and ZIP Code) | | Describe the contents | | Do you still have it? |
| Par | rt 9: Identify Property You Hold or Control for | Someone Else | | | | |
| 23. | | | de any property | you borr | owed from, are storing fo | r, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prope (Number, Street, City, Sta Code) | | Describe t | the property | Value |
| Par | rt 10: Give Details About Environmental Inform | nation | | | | |
| For | the purpose of Part 10, the following definitions | s apply: | | | | |
| | Environmental law means any federal, state, or | r local statute or regul | ation concerni | ng pollutio | on, contamination, release | es of hazardous or |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 Colleen M Bartlett

Case number (if known) 8-19-76515

| | reg | ulations controlling the cleanup of these | e substances, wastes, or material. | | | | | |
|-----|-------|--|--|--|--------------------|--|--|--|
| | to o | wn, operate, or utilize it, including disp | | , , , | | | | |
| | | ardous material means anything an env ardous material, pollutant, contaminant | vironmental law defines as a hazardous v s, or similar term. | waste, hazardous substance, toxic | substance, | | | |
| Rep | ort a | II notices, releases, and proceedings th | at you know about, regardless of when | they occurred. | | | | |
| 24. | Has | any governmental unit notified you that | nt you may be liable or potentially liable u | under or in violation of an environm | ental law? | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Hav | re you been a party in any judicial or adı | ministrative proceeding under any environ | onmental law? Include settlements | and orders. | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Pai | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrup | tcy, did you own a business or have any | of the following connections to any | y business? | | | |
| | | ☐ A sole proprietor or self-employed | in a trade, profession, or other activity, e | either full-time or part-time | | | | |
| | | ☐ A member of a limited liability comp | pany (LLC) or limited liability partnership | (LLP) | | | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | |
| | | ☐ An owner of at least 5% of the votin | ng or equity securities of a corporation | | | | | |
| | | No. None of the above applies. Go to | Part 12. | | | | | |
| | | Yes. Check all that apply above and fil | I in the details below for each business. | | | | | |
| | | siness Name | Describe the nature of the business | Employer Identification numbe | | | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security Dates business existed | number or ITIN. | | | |
| 28. | | hin 2 years before you filed for bankrup itutions, creditors, or other parties. | tcy, did you give a financial statement to | anyone about your business? Incl | ude all financial | | | |
| | | No | | | | | | |
| | | Yes. Fill in the details below. | | | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | |
| | | | | | | | | |

Part 12: Sign Below

I have read the answers on this *Statement* of *Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| Debtor | 1 Colleen M Bar | tlett | | Case number (if known) | 8-19-76515 |
|--------------------|------------------------|-------------------------------|--|---------------------------|---------------------------------|
| | | | | | |
| with a b | | result in fines up to \$250,0 | statement, concealing property, 100, or imprisonment for up to 20 | • | property by fraud in connection |
| /s/ Co | lleen M Bartlett | | | | |
| Colleen M Bartlett | | | Signature of Debtor 2 | | |
| Signat | ure of Debtor 1 | | | | |
| Date | October 11, 2019 | | Date | | |
| Did you | ı attach additional pa | ages to Your Statement of I | Financial Affairs for Individuals I | Filing for Bankruptcy (| Official Form 107)? |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| Did you | ı pay or agree to pay | someone who is not an at | torney to help you fill out bankru | uptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. | Name of Person | . Attach the Bankruptcy P | etition Preparer's Notice. Declarati | on, and Signature (Offici | al Form 119). |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| | Eas | tern District of New York | ζ. | | | | |
|--------|---|--|--|-------------------------------------|--|--|--|
| In re | Colleen M Bartlett | | Case No. | 8-19-76515 | | | |
| | | Debtor(s) | Chapter | 13 | | | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | RNEY FOR DE | CBTOR(S) | | | |
| C | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2010 compensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy, | or agreed to be paid | to me, for services rendered or to | | | |
| | For legal services, I have agreed to accept | | \$ | 8,000.00 | | | |
| | Prior to the filing of this statement I have received | | | 4,000.00 | | | |
| | Balance Due | | \$ | 4,000.00 | | | |
| 2. | he source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 3. | he source of compensation to be paid to me is: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | |
| 4. | I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are meml | pers and associates of my law firm. | | | |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| t c | Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, sta Representation of the debtor at the meeting of credit [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on how | tement of affairs and plan which tors and confirmation hearing, an reduce to market value; exe ons as needed; preparation | may be required; ad any adjourned hear emption planning; | rings thereof; | | | |
| 6. I | by agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding. | | | es, relief from stay actions or | | | |
| | | CERTIFICATION | | | | | |
| | certify that the foregoing is a complete statement of an unkruptcy proceeding. | ny agreement or arrangement for | payment to me for re | epresentation of the debtor(s) in | | | |
| 0 | ctober 11, 2019 | /s/ Ivan Guerrero | | | | | |
| D | ute | Ivan Guerrero ig3 Signature of Attorne Guerrero Law Off 1836A Fifth Aven Bay Shore, NY 11 6312730202 Fax: | <i>y</i> iices, P.C. ue 706 : 6312730894 | | | | |
| | | iguerrero@goffic | es.com | | | | |

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United States Bankruptcy Court Eastern District of New York

| In re | Colleen M Bartlett | | Case No. | 8-19-76515 |
|-------|--------------------|-----------|----------|------------|
| | | Debtor(s) | Chapter | 13 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Bay Shore, NY 11706

6312730202 Fax: 6312730894

USBC-44 Rev. 9/17/98

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

| DEBIOR(S): | Collecti M D | artiett | | CASE NO.:. | 0-19-70313 |
|--|---|--|---|--|--|
| | | | -2(b), the debtor (or any other per per per per per per per per per p | | akes the following disclosure |
| was pending at any spouses or ex-spous partnership and one | time within eig ses; (iii) are affi or more of its days of the con | th years before iliates, as define general partners mmencement of | ed in 11 U.S.C. § 101(2); (iv) are s; (vi) are partnerships which she either of the Related Cases had | and the debtors in such e general partners in hare one or more con | ch cases: (i) are the same; (ii) are the same partnership; (v) are a |
| ☐ NO RELATED | CASE IS PEN | DING OR HAS | BEEN PENDING AT ANY T | IME. | |
| ▼ THE FOLLOW | ING RELATE | D CASE(S) IS I | PENDING OR HAS BEEN PE | NDING: | |
| 1. CASE NO.: 17 · | -76461-las | IUDGE: DISTR | ICT/DIVISION: Eastern Dis | trict of New York, C | Central Islip |
| CASE STILL PENI | DING (Y/N): | N | [If closed] Date of closing: | 09/10/2018 | |
| CURRENT STAT | US OF RELAT | ED CASE: <u>Di</u> | ismissed (Discharged/awaiting di | scharge, confirmed, | dismissed, etc.) |
| MANNER IN WH | ICH CASES A | RE RELATED | (Refer to NOTE above): Prio | or Filing 10/29/2017 | |
| REAL PROPERTY SCHEDULE "A" O | | | EDULE "A" ("REAL PROPER | RTY") WHICH WAS | S ALSO LISTED IN |
| 2. CASE NO.: | JUDGE:_ | DISTRIC | CT/DIVISION: | | |
| CASE STILL PENI | DING (Y/N):_ | | [If closed] Date of closing: | | |
| CURRENT STAT | US OF RELAT | ED CASE: | (Discharged/awaiting di | scharge, confirmed, | dismissed, etc.) |
| MANNER IN WH | ICH CASES A | RE RELATED | (Refer to NOTE above): | | |
| REAL PROPERTY SCHEDULE "A" O | | | EDULE "A" ("REAL PROPER | RTY") WHICH WAS | S ALSO LISTED IN |
| 3. CASE NO.: | JUDGE:_ | DISTRIC | CT/DIVISION: | | |
| CASE STILL PENI | DING (Y/N):_ | | [If closed] Date of closing: | | |

| DISCLOSURE OF RELATED CASES (cont'd) | | |
|---|--|--|
| CURRENT STATUS OF RELATED CASE: (Disc | charged/awaiting discharge, confirmed, dismissed, etc.) | |
| MANNER IN WHICH CASES ARE RELATED (Refer to No | OTE above): | |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A' SCHEDULE "A" OF RELATED CASE: | " ("REAL PROPERTY") WHICH WAS ALSO LISTED IN | |
| <i>NOTE:</i> Pursuant to 11 U.S.C. § 109(g), certain individuals wh be eligible to be debtors. Such an individual will be required to | to have had prior cases dismissed within the preceding 180 days may not to file a statement in support of his/her eligibility to file. | |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTOI | RNEY, AS APPLICABLE: | |
| I am admitted to practice in the Eastern District of New York | (Y/N): Y | |
| CERTIFICATION (to be signed by pro se debtor/petitioner or I certify under penalty of perjury that the within bankruptcy ca as indicated elsewhere on this form. /s/ Ivan Guerrero | ase is not related to any case now pending or pending at any time, except | |
| Ivan Guerrero ig3362 Signature of Debtor's Attorney Guerrero Law Offices, P.C. 1836A Fifth Avenue | Signature of Pro Se Debtor/Petitioner | |
| Bay Shore, NY 11706 6312730202 Fax:6312730894 | Signature of Pro Se Joint Debtor/Petitioner | |
| | Mailing Address of Debtor/Petitioner | |
| | City, State, Zip Code | |
| Failure to fully and truthfully provide all information required | Area Code and Telephone Number | |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009